

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and a SEPARATE MARGIN RESERVED FOR BINDING PURPOSES. THIS IS A PERMANENT RECORD IN UNFADING INK.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1
Registered No. 122

1. PLACE OF BIRTH

County

Township

City

State

or Village

2. Full name of child

3. Sex

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

7. Legitimate

8. Date of birth

9. Full name

10. Residence (usual place of abode)

11. Color or race

12. Age at last birthday

13. Birthplace (city or place)

14. Trade, profession, or particular kind of work done

15. Industry or business in which work was done

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

18. Full maiden name

19. Residence (usual place of abode)

20. Color or race

21. Age at last birthday

22. Birthplace (city or place)

23. Trade, profession, or particular kind of work done

24. Industry or business in which work was done

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother

28. If stillborn, period of gestation

29. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from supplemental report

(Signed)

Address

Filed

(Date of)

Registrar

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